

A BLUEPRINT FOR SUBREGIONALIZATION IN  
SOUTH CENTRAL WISCONSIN

STRATEGIC MANAGEMENT OF CHANGE

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## **ABSTRACT**

In many areas of the country today, regionalization is working effectively and efficiently. Emergency Medical Services (EMS) in these areas have worked out their differences in order to provide the best patient care possible and they have also streamlined certain operations, thus saving money and generating more revenue. Article after article has been written concerning the efficiency of regionalization. This same research has yielded very little downside to the regionalization concept.

Currently, in the State of Wisconsin, regionalization is a very hot topic. State officials are pushing for regionalization and they have issued a proposal concerning the concept and have outlined the boundaries for each region. The boundaries however, appear to be too large to work effectively as EMS regions. However, if areas of the state do not consolidate or regionalize, the state may eventually mandate regionalization with little input from the individual ambulance services!

The purpose of this project is, using the change management model as a guide, to study the possibility of creating a 'subregion' in south central Wisconsin. Several preliminary meetings have already been held to study the proposal. The services involved in this area have decided that subregionalization is a concept with merit and should be studied further. This particular project will serve as a detailed guideline for the subregionalization concept in south central Wisconsin.

Action and historical research were utilized to develop this project. This research was used to answer three important questions concerning subregionalization:

- 1) Can regionalization work in south central Wisconsin?
- 2) What obstacles must be overcome in order to implement a subregional plan? and
- 3) What individual(s) will be the catalyst(s) behind the subregional movement?

The procedure used to create the framework for the subregional plan was the change management model. This model is not all-inclusive, however, it does provide a solid structure for this particular project.

The results of subregionalization are not yet in. Preliminary indications are that the project will not only work in south central Wisconsin, but it will be extremely

effective with possible expansion in the future!

The preliminary recommendation is to research this concept further, develop a detailed plan and implement subregionalization within a year.



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## *INTRODUCTION*

Regionalization is certainly not something new. This concept has been tried and tested in many areas of this country. However, the State of Wisconsin is researching the possibility of Emergency Medical Services (EMS) regionalization very diligently. The state's proposed boundaries, located in their regionalization plan, are very large, perhaps even unworkable and unrealistic for the logistics to effectively work.

### *(Addendum A)*

In order to avoid having the state dictate how regions will be formed and administrated, a group of people in south central Wisconsin have been researching the possibility of creating a 'subregion', if you will.

*(Addendum B)* However, there are many obstacles which must be overcome and many questions answered before this concept will ever reach reality. In order to assist this group in identifying the obstacles and problems associated with a concept of this magnitude, the change management model will be used to assist in the process of designing the blueprint for EMS subregionalization in south central Wisconsin. The change management model is a prototype structure which can be utilized to organize a process and identify problem areas. This model, as presented during the National Fire Academy's

Strategic Management of Change Executive Fire Officer course, will be put to the test for this particular project in south central Wisconsin. (Addendum C)

Due to the nature of the model itself, there may be some redundancy in the answers to some of the various subtasks, however, this will be kept as minimal as possible throughout the course of this project. In addition, the terms regionalization and subregionalization may be used interchangeably during the course of this project with the only line of delineation being the size of the areas involved. There may also be some redundancy between the model's tasks/subtasks and the recommended format for this project.

The underlying intent of this particular project will be to answer three basic questions:

- 1) Can regionalization work in south central Wisconsin?,
- 2) What obstacles must be overcome in order to implement a subregional plan?, and
- 3) What individual(s) will be the catalyst(s) behind the subregional movement?

## **BACKGROUND & SIGNIFICANCE**

### **PHASE I: ANALYSIS**

**TASK 1.1: Identify organizational conditions and compare to existing mission, standards, values and norms.**

**Subtask 1.1a: Assess the quality of services currently being provided.**

The key players in regard to this concept of EMS subregionalization in south central Wisconsin are, in no particular order: the Wisconsin Rapids Fire Department, a professional, non-profit, fire-based organization which responds to 911 calls and also provides interfacility transport of patients as well; the Nekoosa Ambulance Service which is a non-profit, public-volunteer type of organization, which responds to 911 calls and provides limited interfacility transport; Higgins Ambulance Service, a for-profit, paid on-call organization, which provides 911 and interfacility services; Pittsville Ambulance Service, a for-profit, public-volunteer organization which provides 911 coverage; the Spirit of Marshfield, a hospital-based, for-profit organization which provides an air ambulance service; Marshfield Fire and Rescue, a professional, non-profit, fire-based organization which primarily responds to 911 calls; the Stevens Point Fire Department, a professional, non-



profit, fire-based organization which handles 911 calls and interfacility transports; and the First Responder groups of Rudolph, Vesper, Rome, Grant, Port Edwards, and New Miner. For the purpose of this project, the location of each ambulance service and first responder group will be identified in Addendum B.

Nekoosa, Pittsville and Higgins Ambulance Services are, at the writing of this project, EMT-Intermediate services. In the State of Wisconsin, EMT-Intermediates can commence intravenous therapy and administer limited medications, such as albuterol, glucagon, 50% dextrose, narcan, epinephrine 1:1000 and aspirin (ASA). These three particular services will commence training in March '98 in the newly developed EMT-Intermediate (Enhanced) program. This program will allow those trained in this discipline to interpret cardiac rhythms and administer first line cardiac medications. Advanced Cardiac Life Support (ACLS) certification is optional, however, the Enhanced Intermediates will be taught most ACLS concepts regardless of certification. The ACLS training will allow these personnel to administer medications, although limited, to patients in the pre-arrest phase of cardiac compromise in the rural setting. The Enhanced Intermediate concept is very important because the State of Wisconsin has struggled for years to provide advanced

pre-hospital care to the rural areas. Part of the reason for this inequity is the state's two paramedic rule. At this time, it is believed that Wisconsin is the only state which requires two paramedics on an ambulance. In order to practice as a paramedic in the State of Wisconsin, there must be two present! This concept has severely hampered smaller fire departments and volunteer services from gaining paramedic service due to the excessive cost and the staffing problems associated with maintaining two paramedics on-duty at all times. As previously mentioned, this rule has severely hampered attempts to get Advanced Life Support (ALS) into the rural areas of the state which arguably, need paramedic services more than the people in the urban or metropolitan settings. Since the state has been unwilling to compromise on the two paramedic rule, the Enhanced Intermediate program was developed to specifically allow ALS to reach into the rural areas of the state. It still can not be overemphasized that Enhanced Intermediates are not paramedics. Although the gap between the EMT-Paramedic and EMT-Intermediate levels has closed, the enhanced personnel will go through approximately 265 hours of training as compared to over 1000 for the paramedic!

The number of medications which the enhanced

services will carry are very limited, while paramedic services can carry an unlimited supply. It must also be stated that the Enhanced Intermediate training which will be commencing in March '98 is a pilot program. After the initial training, the twelve pilot programs throughout the state will collect data and in October of 1999, the State of Wisconsin will decide how effective the program has been and subsequently, determine if there is a need for this level of licensure. The state may also take a fresh look at the two paramedic rule at that time.

The Wisconsin Rapids Fire Department (WRFD), Marshfield Fire and Rescue (MFR), and the Spirit of Marshfield are full-time paramedic services. Stevens Point Fire Department (SPFD) personnel are currently in the paramedic program and expect to go on-line as a paramedic service in early 1999. If it becomes apparent, as this paper is being read, that this area of the state is well protected, that would be a correct assumption. As you view Addendum B, to have four paramedic services, over 10% of the state's paramedic organizations, and three other EMS organizations which are taking the Enhanced Intermediate pilot program, which is 25% of the pilot programs in the state, is very unusual. In addition to this, there are the numerous first responder groups, three medical centers and an air ambulance

involved in this particular Emergency Medical Service system. It would not be presumptive to state that south central Wisconsin is one of the best protected areas in the state as far as EMS coverage is concerned.

**Subtask 1.1b: Evaluate adherence to ethical standards.**

All of the services involved are quite ethical in their performance and values. However, the for-profit services, due to the fact that EMS is a very competitive and dynamic business, can be very aggressive in attempting to gain added territory. Because of the competition factor, which includes a lot of behind-the-scene politics, some may view this as unethical behavior.

In most EMS circles, this is simply considered a by-product of competition. However, in reference to patient care, all of the services involved are quite concerned about the quality of care given to their patients. In other parts of the country, even some sectors of Wisconsin, patient care sometimes takes a backseat to the bottomline. This occurs more frequently with for-profit services because of the added pressure to make money or face the risk of going out of business.

**Subtask 1.1c: Identify overall morale and attrition within the organizations.**

Morale is quite high with all the services involved.

Competition in this area is also beneficial in the respect that whenever one service moves forward, the other organizations are sure to follow. This keeps Emergency Medical Services advancing and ultimately, these enhancements will end up benefiting the patients in all of the service areas.

The WRFD, MFR and the Spirit of Marshfield are paramedic services which are currently at the pinnacle of EMS. This in itself assists in maintaining high morale.

Stevens Point Fire Department personnel are also highly motivated because of their movement toward the paramedic level. Pittsville, Higgins and Nekoosa Ambulance Service personnel are very motivated because of their advancement toward the Enhanced Intermediate level. This advancement has increased morale for these particular service personnel in two ways. There is the more important factor that it will certainly be advantageous to the patients in their respective service areas, but it will also close the gap between themselves and the paramedic services.

In regard to attrition, in this part of the state this factor is not a major problem. The vast majority of individuals who work for the respective services will remain there for a career or a major portion of it. This factor equates to consistency in patient care and

advancements in the quality of service. The greatest turnover of employees occurs with the hospital-based Spirit of Marshfield service and this is minimal.

**Subtask 1.1d: Review existing culture/recent history of effectiveness of change implementation.**

While the road to success is often paved with potholes, change has not been a major concern for the services involved. It is human nature not to like change, however, in the dynamic world of EMS change is constant. If you are not moving forward in the field EMS, then you are falling behind. Fall behind too far and you may not be able to catch up!

The people most resistant to change are normally the fire-based personnel. There were many obstacles during the training and subsequent implementation of the paramedic program at the WRFD. However, once the personnel saw the larger picture involved in this quest, it was more readily accepted. Even those staunch opposers of the program on the department have since recanted and have now accepted the program.

**Subtask 1.1e: Identify other internal indicators suggesting organizational change.**

The current political climate is quite volatile and dynamic. Cutbacks, layoffs and downsizing are buzzwords which it appears will always be there. Therefore, it is

prudent for all service directors to examine alternatives which will allow them to become more efficient and effective. Regionalization is a concept which, by all appearances, will allow services to do exactly that.

As you may suspect, the for-profit services and the non-profit organizations do not always see eye to eye. This friction has been well-documented over the past few decades and will certainly be one of the larger obstacles which must be overcome in order for the subregionalization concept to work and succeed. All of the organizations involved in this subregionalization concept are very concerned with patient care and are willing to listen to the plan. The major caveat in regard to the concept is that it must be a win-win situation for everyone involved. If ambulance runs or revenues are lost in the subregional process, there will obviously be resistance to the proposal.

The Medical Directors for the services involved are in favor of the subregionalization project and they carry a great deal of clout, not only in the medical community, but also outside of it.

The other major factor which must be considered is the fact that the regionalization concept has now been bantered about the State of Wisconsin for the past three

to four years. It shows no indications of going away. If areas wait long enough, this observation based upon past experience, the state will simply implement their idea with little input from those affected. In order to avoid this unenviable dilemma and deal from a position of strength, it is believed by those already intimately involved with the subregional project, that it would be much better to set up a program before the state mandates one. Those areas which are already involved in a quasi-regional process will be more capable of absorbing modifications in their structure and withstand the pressures from the state hierarchy. The Fox Valley area, which includes such cities as Green Bay, Appleton and Oshkosh has had a subregion for a couple of years. They are the unofficial prototype for the state and one which the south central Wisconsin group has examined closely. Private and public services are working together and thriving in that particular environment.

Carefully considering all of these factors, they would strongly suggest a movement toward subregionalization.

**TASK 1.2: Identify potential destabilizing forces.**

**Subtask 1.2a: Identify relevant technological developments.**

In terms of technology in regard to



subregionalization, there is not much to identify. All of the services involved in the south central Wisconsin plan have up-to-date equipment. The only major advantage would tend to fall on the side of the Wisconsin Rapids Fire Department and Pittsville Ambulance Service because they have telemetry capability. Simply translated, this means telemetry capable personnel can respond to any point in their service area, attach a cardiac monitor to a patient and then transmit that individual's cardiac rhythm to a nearby medical facility. The Emergency Room physician can then examine the rhythm and then confer with on-scene medical personnel concerning possible courses of action in regard to patient care. Although this technology is new to this area, it is certainly not new technology. If you recall the old television series 'Emergency' with Roy DeSoto and Johnnie Gage, a show based upon fire department paramedics in Los Angeles in the mid-1970's, they had that type of technology at that time!

Subtask 1.2b: Identify influential economic factors.

Subtask 1.2c: Identify influential social factors.

Subtask 1.2d: Identify relevant political/legal factors.

Several substantial obstacles exist which must be overcome in order for this subregional concept to

succeed. One of the first problems which must be addressed is the competition factor. The for-profit and the non-profit organizations can most probably co-exist as long as all parties concerned can thrive within the subregionalization process. There is enough territory and business to keep everyone satisfied. In other words, if the concept's advantages outweigh the disadvantages, it has a good chance to succeed.

It appears that the largest obstacle to the subregional plan exists within the City of Wisconsin Rapids. As the only 911 paramedic service in South Wood County, WRFD personnel could often be summoned out of their jurisdiction under the guidelines of subregionalization. The WRFD paramedics would welcome the additional opportunities to utilize their advanced skills. However, many members of the Wisconsin Rapids City Council do not believe that WRFD personnel should be leaving the city's limits. Due to staffing shortages and in-city emergencies, the idea of two paramedics responding out of the city, thus compromising in-city coverage is, in the minds of many council members, totally unacceptable. Viewing this particular problem at face value, you can understand their position on this matter. Also, if two paramedics left the city of Wisconsin Rapids, keeping in mind the State of

Wisconsin's two paramedic rule, one or two paramedics, dependent upon department staffing that particular day, may have to be called in to cover the city until the two responders return to quarters. If this were the case, overtime costs would be generated and possibly not recovered. As far as the liability issue is concerned, as long as the services involved provide their licensed level of care 24-hours a day, 365 days a year, there is not a problem in that regard. As far as the administration at the WRFD is concerned, as long as there are two paramedics on-duty at all times, no matter what their location in the area may be, there is not a liability issue involved. From that point, it then becomes a moral/ethical dilemma and a political issue as well.

These particular problems must be addressed, discussed and overcome if the plan has any chance of succeeding.

**TASK 1.3: Assess impact of organizational conditions and potential destabilizing forces.**

**Subtask 1.3a: Assess current requirements for organizational change.**

The ambulance services involved with this subregional concept will most probably be receptive to any change as long as patient care is enhanced and

revenue is increased, or at the very least, not decreased because of the change. The revenue issue also includes the non-profit organizations as well. This is because, even though the funds are not directly funneled back to the non-profit services, monies are recovered and placed into the respective municipality's general fund. The chances of increasing revenue under subregionalization is very probable.

The impact of subregionalization upon the City of Wisconsin Rapids Common Council is far more unpredictable. Due to their very structure, nineteen alderpeople for a city of 20,000, many factions exist within the group and each must be shown the advantages of such a proposal. Even if this was accomplished, because of the old political monster, no matter how sound the plan is, some of the alderpeople will not vote favorably because it involves the fire department! However, if the majority of the nineteen can be persuaded, the plan will hurdle this major obstacle.

If the concept is presented properly and by someone who the council views as an unbiased party, past experience has shown that it has a good chance to pass the council floor.

**Subtask 1.3b: Assess near-term future requirements**

for organizational change.

The short term requirements for subregionalization involves the willingness of the service directors to continue pursuing the concept; developing specific guidelines in regard to subregionalization; examining the impact of subregionalization upon the services involved; presenting the idea to the governing bodies which are involved; and then implementing the plan as a pilot program to collect data and observe the effects of the plan over a specified period of time.

An Emergency Medical Service Oversight Committee (EMSOC) would also have to be established which would consist of Medical and Service Directors from the agencies directly involved in the subregional project.

The long-term requirements could then be developed after the pilot program has been completed, the data collected and analyzed and the recommendation made by the EMSOC to continue with the program. If the program were to continue, modifications could be made based upon the data gathered from the pilot program. The EMS oversight committee could then set additional goals and meet monthly or quarterly to discuss and evaluate the subregional plan. As is the case concerning most plans, modifications are normally made in order to fine tune a

process. Major changes, if the program were to continue, would normally occur after the pilot program had concluded.

**TASK 1.4: Determine organizational requirements.**

**Subtask 1.4a: Determine perspective of change.**

Certainly, current perspectives must change in order for this subregional concept to work. Because of past transgressions by all the services involved, the idea of working together as a cohesive group in order to advance patient care may be difficult, but it is paramount to the success of this plan.

This particular subregionalization concept would actually involve all three types of change perspectives.

This plan would most certainly improve upon current practices in the south central Wisconsin area. This subregional concept would be transitional in the respect that it would shatter certain paradigms and processes which have existed for many years. Finally, subregionalization would be transformational in that new beliefs and commitment to the plan would have to occur to ensure its success.

**Subtask 1.4b: Determine the magnitude of change.**

The magnitude of the change is also important to consider. The pace of the change would have to be

gradual. A plan of this magnitude could most certainly not be implemented overnight. However, through meetings, some of which have already taken place in order to lay the foundation of subregionalization, and thorough preplanning, this concept could be introduced, developed and placed into effect in a matter of months.

The depth and scope of the change must also be considered because each member of every service involved must understand the parameters of the plan. Again, through training sessions and education this can be accomplished in a short period of time. The reason it is believed that it will only take a matter of months to implement a plan of this magnitude is because preliminary discussions concerning this plan have already occurred. All of the pieces for the subregional concept to work are already in place.

#### **Subtask 1.4c: Determine the objects of change.**

The objects of the change in regard to subregionalization would most certainly include all EMS personnel affiliated with the services involved. However, whether it is good, bad, or indifferent, most of the people involved know each other and are acutely aware of the history of each service.

The larger change which must occur concerns the strategic direction. This would include focusing

primarily upon patient care in the area and not the bottomline. However, the focus has always been just the opposite and that is why the bottomline must be addressed carefully and up front because it can very easily make or break the subregional plan.

Organizational change must also occur. While the boundaries of demarcation have been well established and fought for over a period of several years, it is now when past enemies must become new friends. They must work together, side-by-side, in order for the plan to succeed.

This will take some time to get use to, but it can happen, it must happen! Allowing the boundaries to meld together and having EMS personnel identify not only with their respective services, but also taking ownership of the subregional organization, is essential to the plan's success.

## PHASE II: PLANNING

**TASK 2.1: Systematically examine the forces for and against change.**

**Subtask 2.1a: Examine forces for change.**

If the subregional plan is laid out properly, all of the services involved will most probably be supportive of the change. As suggested previously, if the services involved do not lose run volume or revenue, yet at the



same time increase the level of patient care, all services would most probably support the concept. Some EMS personnel may embrace the plan and others may simply go along with it. The point being, those individuals who simply go along with the plan will most probably not actively oppose it. On the other hand, if revenue could be increased across the board, all service directors would be anxious to test the plan.

The Medical Directors for the services involved are extremely interested in the concept of subregionalization. They are most concerned with the level of pre-hospital care which is delivered to patients coming to their respective facilities. Subregionalization would increase this level of care. Due to this fact alone, the medical community as a whole, which also includes other physicians and nurses, would most probably be supportive of the plan.

**Subtask 2.1b: Examine the forces against change.**

There are two large problems which must be examined. The first deals with the Spirit of Marshfield and Higgins Ambulance Service, the for-profit organizations.

These two services will certainly resist movement toward subregionalization if revenue is lost and they may not even support the plan if they do not realize an increase in revenue! Pittsville, Nekoosa, Marshfield Fire and

Rescue, Stevens Point and Wisconsin Rapids will also not support the plan if revenue is decreased. To do so would simply be poor operational procedure.

The WRFD Fire Chief will resist subregionalization if the plan translates into losing run volume or revenue to competitors. However, the underlying problem with the WRFD chief lies with the Wisconsin Rapids Common Council.

The chief will need to persuade this group that there are advantages to subregionalization. The plan will have to be explained and illustrated in terms which politicians key in on, such as additional monies will be generated; revenue will not be lost; city residents will not be left unprotected from paramedic coverage; taxpayers will not have to foot the bill for overtime charges if personnel must be called in; and no additional, funded training will be required of WRFD personnel. If these concerns can be addressed effectively, the council will most probably support the plan.

**Subtask 2.1c: Identify the need to strengthen facilitative change forces.**

**Subtask 2.1d: Identify the need to reduce restraining change forces.**

Certainly these two subtasks must be addressed. They tend to go hand-in-hand. In other words, if you

strengthen forces in one area, you will normally reduce restraining forces as a result. If the subregional plan is laid out properly, the service directors will certainly have to facilitate change at their respective organizations. If this feat can be accomplished, they will also reduce some of the fears and tension between the services involved.

Another area which needs a considerable foundation laid concerns the political bodies involved. If preliminary information concerning subregionalization can be given to the politicians prior to its discussion on the council floor, many questions can be answered or addressed before it comes time to vote on the measure. Part of this procedure would include judicious use of the media and being prepared to present the plan competently and in its totality.

**TASK 2.2: Select personnel to develop a vision of the organizational change.**

**Subtask 2.2a: Review/select executive officer/leader to develop vision.**

There are two key people who can facilitate a change of this magnitude. The first is Dr. Bruce Gordon, an Emergency Room physician at Riverview Medical Center in Wisconsin Rapids and the Medical Director for the WRFD, Nekoosa and Higgins ambulance services. Dr. Gordon came

to Wisconsin Rapids from upper Michigan where he had worked with the regionalization concept and witnessed the advantages of such a system. Dr. Gordon is a major proponent of the concept and he will have a significant impact upon the movement toward subregionalization in this area. As was discovered when the initial funding for the WRFD paramedic program was sought, a physician's recommendation carries a great deal of clout with the Wisconsin Rapids Common Council. If Dr. Gordon presents a subregional plan to the council and illustrates the distinct advantages associated with it, the concept has an excellent chance of passing the council floor.

The second major player in this scenario is the Fire Marshal of the Wisconsin Rapids Fire Department. Assistant Chief Mitch Waite, the paramedic coordinator of the WRFD, was very instrumental in bringing a paramedic program to a small fire department for approximately one-quarter of the normal cost! This was accomplished through creative financing and unique structuring of the paramedic program. The Fire Marshal is also a part-time Emergency Medical Services (EMS) Instructor for Mid State Technical College (MSTC) and is very familiar with the personnel and services involved in this subregional concept. He is also actively involved at the State of Wisconsin EMS

level and is well versed on the state's stance concerning regionalization. A/C Waite has the unique ability to elevate above the competition and political issues in order to envision the distinct benefits of the subregional concept. Due to these factors, his energy and the ability to accomplish difficult missions, as well as having a good working relationship with all parties involved, his involvement is essential to the success of the subregional plan.

**Subtask 2.2b: Review/select executive officer/senior team to develop vision.**

The executives involved in this scenario are the ambulance service directors. Once the plan is finalized and all the preliminary questions have been answered, the service directors must then convince their membership that this plan is in everyone's best interest, most notably the patients they will take care of!

**Subtask 2.2c: Review/select bottomup team to develop vision.**

If the respective service members are brought on board early in the subregionalization process and they are allowed to have direct input into the concept, it will allow them the opportunity to take ownership of the plan by being proactively involved. Certainly, not everyone will be convinced or satisfied with the eventual

outcome of the plan, but if personnel have the opportunity to be actively involved and informed throughout the process, the bottom-up support will be much stronger.

**TASK 2.3: Envision organizational change to be implemented.**

**Subtask 2.3a: Generate desired state/position to be achieved from change.**

Old paradigms must be busted in order for this plan to succeed. Territorial boundaries must meld together for a common cause and patient care must finally take a front seat in this drive toward subregionalization.

The desired state of subregionalization is to provide the ultimate in patient. This 'EMS nirvana' is referred to as tiered response. By allowing all levels of EMS to function at optimal levels in a patient's care, that is as good as it gets. If someone is injured or suffering from a medical emergency, first responders, EMT's, paramedics, nurses and physicians are all involved in this EMS chain of survival and they provide their various level of expertise in delivering care to the patient. This care should be delivered swiftly, effectively and efficiently. It must also be provided at a reasonable cost. This state of 'EMS nirvana' may seem like a pipe dream, however, in

some areas of this country it is already in place. The critical pieces to provide this level of care are now in place in this section of the country!

**Subtask 2.3b: Evaluate completeness/soundness of the plan.**

The subregionalization concept is very clear in its purpose. The main problem associated with the south central Wisconsin plan is that it is not far enough along at this point in time to make it a concise and operational plan. Once all of the meetings have been held and the system is 'green-lighted' by all parties involved, the final plan must be specific and easily understood for it to withstand the pressures and scrutiny it will be under when it commences.

The subregional concept is certainly one which will excite the respective service members and challenge them to become better emergency personnel. The main reason this concept is so exciting is because it clearly focuses on the patient. To some degree, subregionalization insulates patient care from the politics and personalities which have, in the past, placed patients in the backseat.

**Subtask 2.3c: Develop a roadmap to achieve the envisioned change.**

The roadmap to subregionalization will take shape

similar to this. All contracted services will continue to handle their respective areas of responsibility. This will not change from its current practice. The major emphasis of the subregional concept is to empower EMS personnel to call for additional resources when that particular service is overwhelmed or unable to adequately handle an emergency at their level of licensure. The terms most frequently utilized for this type of assistance are mutual aid and paramedic intercepts. All of the services involved in this subregional plan have signed mutual aid contracts already in place. Since the WRFD paramedic service is still very new, the paramedic intercept issue is one which needs to be addressed. A true paramedic intercept is a situation when the contracted service Emergency Medical Technicians (EMT) recognize they have an emergency in which the patient may benefit from paramedic care. While en route to a medical facility, a paramedic unit intercepts the incoming ambulance and two paramedics jump into the transporting vehicle and administer paramedic care to the patient the rest of the way to the facility. If an air ambulance is more appropriate and in the patient's best interest, the Spirit of Marshfield should be summoned. This call for assistance will be dependent upon the patient's condition, patient location in relation to the



nearest medical facility and the weather.

Thus far in this envisioned change, the WRFD, MFR and the Spirit of Marshfield may realize more 911 calls due to paramedic intercepts. The contracted services will still transport the patient, however, the higher level of service may realize a slight increase in run volume. The fees for this increased level of care could be added to the transporting agencies bill, thus sending only one bill to the patient. If the total fee is not paid in full, all fees would be prorated accordingly. Another potential problem may exist with Medicare reimbursement in regard to paramedic intercept fees, although this may equate to a small percentage of patients.

The WRFD also conducts approximately 300-350 interfacility transfers per year. One carrot which may be attractive to other services are the non-emergency transfers. These type of calls only comprise a small percentage of the overall runs per year for the WRFD. To turn these calls over to another service may be a concession which may help persuade Higgins Ambulance Service toward subregionalization because they would also like to increase their run volume and they will most probably be the hardest to sell on the concept.

(Addendum D) By the same token, the increase in

paramedic intercepts would more than compensate for the lost non-emergency runs! The exact details of this portion of the plan will still need to ironed out, but it is certainly feasible and workable.

Another major problem associated with subregionalization is compensating for WRFD paramedics responding out of their jurisdiction. To reiterate, as the law in the State of Wisconsin now stands, two paramedics must be on an ambulance and together in order to operate at the paramedic level! (Addendum E) This means that if paramedic assistance is requested outside of the city, two must respond. With the department's current staffing policies, this may leave the WRFD with one or no paramedics left to protect the city! Basically, two options exist with this scenario. The first would be to not leave the city at all to provide paramedic assistance and then its back to ground zero. The other option is to call in additional paramedics to cover the city and bill the patient a paramedic intercept fee. Although, not every out-of-city response by paramedics would necessitate a call back of personnel. Again, this stipulation is dependent upon paramedic staffing on that particular day and crew. As more paramedics are trained and licensed in future years, the probability of call backs will be

further minimized. However, if a reasonable fee is charged each time there is an intercept call, the revenue generated should more than compensate for the overtime spent. In fact, if handled correctly, this type of situation could generate a considerable amount of money for the City of Wisconsin Rapids which could then be utilized on other municipal projects. This is because the monies brought in via ambulance billing are not directly funneled back into the fire department's budget.

The revenues go into a general fund which can then be used for a variety of projects at the discretion of the city council. Perhaps a contract could also be scribed which would guarantee the paramedic fees are paid by the contracted service or the township itself.

These are more of the details which must be examined, discussed and worked out.

**Subtask 2.3d: Generate ideas for vision inspiration and emotional appeal to change recipients.**

When you discuss the 'ultimate in patient care' and have the capability to provide advanced care to everyone in south central Wisconsin, the issue becomes quite emotional. It doesn't take much to sell the general public on ideas such as this. Correspondingly, it takes a considerable amount of time and a hard-sell to bring politicians on-board. This is understandable in the

respect that they are the 'guardians of the taxrolls' and have been elected to watch out for their constituents best interests. However, there have been several issues in the past when this does not seem to be the case. So, in order to put pressure on the politicians to make a sound, but swift decision, and vote on the merits of the program while contemplating the bottom-line, instead of visa-versa, it is wise and prudent to get the public involved in issues such as this. They can place a great deal of pressure on the politicians if they procrastinate. This observation is based upon past experience in relation to several similar issues.

**TASK 2.4: Set and evaluate target goals and objectives of the envisioned change.**

**Subtask 2.4a: Set target goals/objectives of envisioned change.**

There have been three preliminary meetings to date in regard to the subregional concept. The next couple of steps in the process will include another meeting of all concerned parties to discuss and set the guidelines and parameters of the plan. This meeting is set for early 1998. Once this brainstorming session has been completed, the affected services will contemplate the impact of the plan upon their organizations for a few months. By the spring of '98, another meeting to discuss

the details and concerns of the concept can be scheduled.

During the course of these meetings, the guidelines for requesting paramedic level service can also be established. By establishing paramedic intercept parameters, it will make it easier for EMT's to request advanced care. These parameters will also take some of the personalities and politics out of the process!

It would be reasonable to project that a final plan concerning subregionalization could be established and implemented by December 1998.

**Subtask 2.4b: Ensure goals for the change are explicitly stated.**

**Subtask 2.4c: Ensure change goals are precise and quantifiable.**

**Subtask 2.4d: Ensure change goals include desired outcomes and processes.**

Any good, thorough plan must include the elements stated in the above three subtasks. The guidelines and objectives must be crystal clear to everyone involved; they must be quantifiable to ensure they can be measured and evaluated against this criteria; and there must be good data collection on patient outcomes to determine if the plan is making a difference. As of this point in time, the parties involved with this project have not advanced the plan into this much detail. However, before

the plan can be brought before the political entities involved, the subregional concept must address these areas of concern.

**Subtask 2.4e: Determine evaluation strategy.**

Monthly/quarterly reviews could be established to evaluate the plan and rectify any problems which are identified. Initially the plan may have to be evaluated on a monthly basis. As data is collected and the fine-tuning has commenced, evaluations may occur on a less frequent basis. The key point of this entire plan is to provide supporting data proving that by extending ALS care to rural areas through subregionalization, lives will be saved and patient outcomes significantly improved. Certainly the medical community believes this to be the case or there would not be the various levels of EMS available, nor regional plans in other parts of the country which are proving successful. However, since we live in a highly technical society, there must be proof that concepts work and that they are not premised upon mere conjecture. Unfortunately, the medical community, while expanding rapidly, has really done a poor job of supporting much that it does. For instance, as previously mentioned, the State of Wisconsin has a two paramedic rule. Wisconsin is the only state left which

has such a stipulation. Some believe Wisconsin is ahead of the other forty-nine states, while others believe they are extremely backward. The only way to solve a dilemma of this magnitude is to provide supporting data unequivocally proving that two paramedics are better than one and patient outcomes are significantly better. Unfortunately, no such data exists, therefore the debate rages on. If a pilot program is approved for subregionalization in south central Wisconsin, specific data collection mechanisms must be in place in order to prove the validity of the program when the pilot concludes. If this does not occur, there is a good probability that the program will be terminated at that point. This makes supporting data a critical element of the entire subregional plan.

**TASK 2.5: Assess and select the method(s) of change to be employed.**

**Subtask 2.5a: Assess/select technical method of change.**

The type of change which will be necessary to facilitate a plan such as this may include a combination of methods. There will certainly be a technical change involved, which by definition 'involves altering the way services are provided.' Because subregionalization involves the dissolution of boundaries, services must be

altered. Then, there is the patient billing issue. Modifications to the current system are essential if the concept is to succeed.

**Subtask 2.5b: Assess/select structural method of change.**

There will be a minute change in structure to all of the involved organizations. Due to the subregional process, there must be more coordination between the services. Because of the tiered response concept, this coordination of services is essential to the development and success of the plan. Centralization will become another structural change. If central purchasing power is implemented, all of the involved organizations will buy specific, if not a majority, of supplies from the same company. This will assist in standardization of equipment and also increase the purchasing power of the services involved. Another area which should receive attention are the service's Field Operational Guidelines (FOG). Currently, each service has their own set of guidelines. Wisconsin Rapids, Nekoosa and Higgins have the same Medical Director so their respective FOG's are very closely related, however, they are still different. The Spirit of Marshfield and Marshfield Fire and Rescue have protocols which are closely related, yet different. One of the more controversial aspects of



subregionalization is the use of similar SOP's or FOG's.

While this may not totally occur, the entire subregion could develop and implement a template FOG and then the involved services can make specific additions or deletions to their own specific version. It may work out that similar level services use the same set of FOG's, but that is unlikely.

**Subtask 2.5c: Assess/select the managerial method of change.**

Certainly, the managers of the involved services will need to use their skills to not only sell the idea to their employees, but also to evaluate and make adjustments to the plan when it is implemented. This management style would fall into the 'top-down' method of running an organization and it is essential to the success of this plan. However, 'bottom-up' support is also a critical factor to the success or failure of the subregional concept. Because both styles mentioned thus far are equally important, perhaps the 'wheel-spoke' method of managing is the better style of leadership.

**(Addendum F)** The manager, the hub of the wheel, must be able to address the concerns and questions from all employees. Correspondingly, the employees must provide input and feedback concerning the subregional plan to the manager.

**Subtask 2.5d: Assess/select the people method of change.**

The people method of change will certainly be necessary. Because of the boundaries and past problems between the public and private services, education, training and patience are critical factors if subregionalization is to be successful.

**TASK 2.6: Assess and select techniques to promote the change.**

**Subtask 2.6a: Assess/select facilitative techniques.**

I believe that several techniques will be necessary in order to promote change in regard to subregionalization. The first of these changes being the facilitative technique. This is where the ambulance service directors must make decisions based upon fact and they must seek feedback and input from employees. Subregionalization must be managed, supervised, facilitated and nurtured in order to ensure long-term success.

**Subtask 2.6b: Assess/select informational techniques.**

An informational change will also be necessary, to not only educate the employees concerning the subregional concept, but also the politicians, billing clerks and the

general public. A great deal of public relations will be required to gain public support. Positive public relations will place the heat on the politicians when it comes time to vote on the issue.

**Subtask 2.6c: Assess/select people method of change.**

Attitudinal changes will be necessary. As previously mentioned, the private and public services are not unlike similar entities around the country. They simply do not see eye to eye. In order for the subregional concept to take root, these attitudes must be set aside for the greater good of patient care. Although this will be difficult, it can be accomplished and it will become easier to accept over a period of time.

**Subtask 2.6d: Assess/select political techniques.**

The last technique involves the political arena. Lobbying will be necessary in the Wisconsin Rapids area.

Laying the foundation for the subregional plan, gaining public support and presenting the plan in terms the alderpeople can and will understand, will give the concept a solid chance at passing the council floor. Again, if the plan is presented by an unbiased party, such as a Medical Director, the plan has a reasonable chance to pass council.

**PHASE III: IMPLEMENTATION**

TASK 3.1: Create an environment of shared vision and common direction.

Subtask 3.1a: Select appropriate communication strategy to announce proposed change.

Certainly, effective communication is paramount. Through the previous three preliminary meetings concerning subregionalization which have been held, the framework of the concept has been roughed out and the seed planted. The service directors were quite receptive to the initial plan. When the details and parameters are finalized, the plan must be presented to the employees of the services involved. This may be accomplished in a simple informational meeting or a brainstorming session which will allow the employees the opportunity to get involved. Perhaps the employees will identify details or problem areas which have been overlooked by the service directors. The next step would be to educate the general public through the media, including the newspaper, radio, television and public access.

Subtask 3.1b: Line up political sponsorship.

Initial informational pamphlets concerning subregionalization could be handed to the politicians involved early in the process so as not to create the 'backdoor' atmosphere. During this process, there will

also be the lining up of political support to get a sense of how much additional work in the public relations area will be necessary to ensure the plan passes the council floor.

**TASK 3.2: Minimize initial resistance to change through effective communications.**

**Subtask 3.2a: Describe where the organization is now, where it needs to go and how it will get there.**

The state of Emergency Medical Service in south central Wisconsin is one of flourishing. All of the services in the area continue to upgrade and enhance the quality of pre-hospital care in their respective jurisdictions. However, there is some duplication of effort in pre-hospital care and the current system could be even better if traditional boundaries could meld together through the subregionalization process. By subregionalizing, patients in the area would receive the ultimate in patient care in the pre-hospital environment.

First Responders, EMT-Basics, EMT-Intermediates and EMT-Paramedics would work side-by-side in a coordinated effort to provide the best and highest level of care to a patient. Also, centralized purchasing could save thousands of dollars for all of the services involved and there would more of a standardization of care and protocols by subregionalizing. The road to create this

'EMS nirvana' begins with thorough planning and research of the concept and then promoting and presenting the plan to those who may oppose it.

**Subtask 3.2b: Explain the business rationale behind the change.**

In addition to the savings through central purchasing, some of the services will realize an increase in run volume and therefore, increased revenue. The key to the plan is to clearly illustrate to the services involved with the subregional project that they will not lose any money or run volume in the process.

**Subtask 3.2c: Communicate who will implement the change and who will be affected by the change.**

All of the services involved will need to implement the subregional concept. However, the main impetus must come from the Medical Directors of the services involved.

Dr. Bruce Gordon, the Medical Director for the Wisconsin Rapids, Nekoosa and Higgins services, Dr. Steven Mickel, the Medical Director of the Pittsville and Spirit of Marshfield services, Dr. Peter Stamas, Medical Director for Marshfield Fire and Rescue and Dr. Randy Wojowieski, Medical Director for the Stevens Point Fire Department must push the issue forward. Their involvement with this concept will ultimately determine the success or failure

of subregionalization in south central Wisconsin. The respective service directors will play no small part in this subregional plan, however, the Medical Directors must be the driving force.

Thousands of people, over a three county area, will be affected by the change. Not only will this include the medical personnel of the respective services, but all of the patients in the south central Wisconsin area!

**Subtask 3.2d: Describe negative aspects and personal ramifications of the plan.**

The negative aspects of the plan involve the political arena. It is anticipated that there will be considerable resistance from the Wisconsin Rapids Common Council. It is critical to the subregional plan to illustrate to the elected officials that their municipality will not lose money and that city residents will not be left without paramedic coverage when paramedics respond to remote areas. One major caveat in regard to the plan will be the option to run a pilot program which will determine if the plan is valid and will work as advertised. The concept could then be reevaluated after a specified period of time to determine its longevity or brevity.

**Subtask 3.2e: Explain the change's success criteria, how it will be evaluated and it's related rewards.**

The success of subregionalization will ultimately be determined by patient outcomes and each service's bottomline. If the bottomlines can be held or even enhanced, the revenue issue will be moot. The main impetus for subregionalization is to enhance patient care for more people in south central Wisconsin and this will have to be tracked through patient outcomes. The EMS oversight committee will have to determine the specific criteria to evaluate both areas.

**Subtask 3.2f: Describe the timing and pacing of the implementation.**

The timing of the unveiling of the subregional plan is very integral to its success. Task 3.3 cites the pace of the implementation in more detail, however, once the seed has been planted, it will be necessary to keep the momentum moving. This is why the planning phase is especially critical to the subregional plan's success. When all of the preliminary meetings with the ambulance services involved with the project have been concluded and all issues at that level have been ironed out, then it will be time to address the legislative bodies which pose a threat to the implementation of the plan. As previously mentioned, if the plan can be presented in such a manner that most of the major issues can be addressed, then the plan has a good chance of passing



through the political quagmire. Based upon past experience, it would appear that the best individual to present this information is a Medical Director. Dr. Bruce Gordon will have the hardest sell. He will have to address the Wisconsin Rapids Common Council. This legislative body of nineteen, for a population of 20,000, is infamous for not being able to reach consensus on issues which cost the taxpayers nothing! The most dramatic change for any of the services involved will occur with the WRFD. They will be leaving their normal jurisdiction on paramedic intercepts while the other services stay primarily in their own contracted areas. Because of this fact, Dr. Gordon must be able to anticipate questions from the common council and answer them satisfactorily in order for it to pass the council floor. This is why the planning phase will be very time intensive. Once this phase has been accomplished, the implementation phase should be relatively quick and easy, while the evaluation phase will be an on-going and continuous process.

**Subtask 3.2g: Communicate key things which will not change.**

Certainly, there will be many elements which will change with the implementation of subregionalization. However, the dedication to patient care will remain

steadfast. In some areas of south central Wisconsin, the level of care may be increased, but the dedication to providing the care will remain consistent.

The leadership of the respective services will also remain strong. This same leadership has brought about many advances in the area of EMS over the past decade and there is no reason to believe that this trend will not continue.

**Subtask 3.2h: Convey management's commitment to the change.**

Through informational meetings with employees and the media, the commitment to this plan must remain consistent and persistent. Detailing the changes which have occurred in EMS over the past decade in south central Wisconsin is a tribute to the commitment of all the services involved. Subregionalization is simply another improvement in a long line of enhancements and upgrades which have already come to pass.

**Subtask 3.2i: Explain how people will be kept informed throughout the change process.**

If the plan is developed and implemented as a pilot program, monthly updates to the employees of the respective services and the legislative bodies involved would seem appropriate. These program updates would

include the tracking of revenues generated or lost, as well as the monitoring of patient outcomes to determine if the plan is making a difference where it really counts. If the plan proves to be successful, updates on the status of the plan after the pilot program, may be on a quarterly basis. The media can keep the public informed through periodic updates throughout the duration of the pilot program.

**Subtask 3.2j: Effectively communicate the nature of the change to diverse target audience.**

The area of communication is quite important and can not be underemphasized. This topic was addressed in Task 3.1 as well, however, once the plan is finalized and is about to be implemented, another meeting with all employees to explain the entire process and the rationale behind the concept will be necessary. This particular meeting will let employees know what will be expected of them and how the subregional process is anticipated to work. However, this process will be considerably easier if preliminary work is accomplished prior to this particular meeting. This would be in regard to the initial brainstorming sessions which will hopefully get the employees involved, allow them to express their ideas and concerns, thus giving them the opportunity to take 'ownership' of the idea through this process. If the

brainstorming session with the employees is handled correctly, the final implementation meeting should be easier to accomplish.

**TASK 3.3: Create a sense of urgency and pace for the change.**

**Subtask 3.3a: Ensure change implementors recognize needed urgency of the change.**

A projected, yet fluid timeline for the subregional process can be laid out in the initial meeting with the service directors and employees and subsequently provided to the media. As is the case with many issues involving EMS, subregionalization will be a very emotional topic because it deals with human lives and misery. Each day which passes without subregionalization could mean that someone in south central Wisconsin may have benefited from advanced care if the plan were already in place.

Creating a sense of urgency within the employees and the general public will be fairly easy. However, politicians are a bit more insulated from the emotion and need more time to contemplate an issue. This is certainly wise, however, waiting too long, which normally appears to be the case, can also be detrimental. For this reason, the presentation made to the council concerning the subregionalization concept is extremely important. If handled properly, upon completion of the

presentation, it should only take a few months to conduct any research the politicians may feel necessary concerning the issue and then reach resolution on the subregional matter.

**Subtask 3.3b: Promote separation from past processes and operations.**

Certainly the service directors are an important key in promoting this change within their respective services. There can be no doubt that this concept is different from any change which has occurred in the past and must be treated and promoted as such. However, it is also a good idea to emphasize that changes which have occurred in this area over the past decade have been very positive and exciting, and they have advanced pre-hospital patient care considerably. Subregionalization would simply be another stepping stone in this movement toward 'EMS nirvana'.

**TASK 3.4: Develop and implement change enabling mechanisms.**

**Subtask 3.4a: Develop and implement practical change mechanisms.**

One of the mechanisms which will most probably be placed into effect once the plan has been finalized are quarterly reviews in regard to the subregionalization process. This may be accomplished by having an open

forum meeting and discussing specific calls which have occurred.

These quarterly reviews may also become brainstorming or brainwriting sessions to identify ideas which will improve operations. The South Central Wisconsin EMS Oversight Board could oversee subregional operations and handle any problems which may arise. Representative(s) from all of the entities involved should comprise the oversight board.

**Subtask 3.4b: Develop and implement symbolic change mechanisms.**

Some symbolic changes which could occur are the development of a south central Wisconsin EMS logo and slogan. This particular process could be commenced at the initial meeting with employees to garner their thoughts and ideas. Perhaps even a contest could be conducted through the local newspaper to choose a logo and/or slogan for the newly developed entity.

**TASK 3.5: Implement planned change methods and strategies.**

**Subtask 3.5a: Select how implementation will occur.**

**Subtask 3.5b: Ensure change techniques fully support change implementation.**

The implementation process will most probably occur sequentially. Once the parameters of subregionalization

are developed by the service directors, then the initial meeting with the employees can be conducted. Once this is accomplished, the media can be apprised shortly after the politicians have received their informational packets concerning the plan. As the process works itself out, final service director and employee meetings can be conducted prior to the Medical Director's presentation to the council. At this point in the process, all key personnel should be on-board and fully supportive of the plan as it will be presented. If there are some problem areas within the context of the plan, they will need to be ironed out prior to the Medical Director's presentation. At that point, unity among the services and the employees is essential. If it passes the Wisconsin Rapids Common Council floor, implementation should occur shortly thereafter. While this process may be sequential, many secondary activities will be occurring concurrently.

**Subtask 3.5c: Ensure change implementors are aware of change effort responsibilities.**

All involved EMS personnel must understand the subregionalization process from the start. This is why the initial informative meetings are essential in order to garner the employees input, get them involved in the process and hopefully, gain their support. As the

process progresses, informational meetings must be conducted in order to keep employees abreast of the situation. Once the parameters of subregionalization have been established and final arrangements made, employees must be briefed and they must fully understand the plan in order for it to work properly. The reason this is so critical an element is because, in the subregionalization environment, the people that will make the call for additional resources or increased levels of care in the field are the employees, not the service directors. That is why employees must be well-versed on the guidelines of the plan.

#### PHASE IV: EVALUATION/INSTITUTIONALISM

In reference to the change management model in regard to the subregionalization process in south central Wisconsin, at the writing of this NFA project, the concept is in the planning phase. The change management model is an all-inclusive skeletal structure which can assist an organization(s) through any type of change. The south central Wisconsin subregional plan has not yet made it to the implementation or evaluation phases. However, all tasks and subtasks of the plan should be considered during the planning phase and discussed early



in the process. The visionaries involved with the plan can also go into more detail in the planning stages of the implementation phase of the model as they forecast how the subregional plan will unfold. The evaluation phase is a bit more intrinsic, in that it is difficult to evaluate a plan before it has been implemented. Again, all tasks in the change management model should be addressed and reviewed in order to prepare for that particular phase of the plan. However, for the purpose of this project, we will delve into all of the tasks associated with the evaluation phase in order to project how it may unfold. We will not however detail the phase through subtasks because the adjustments and modifications to the original subregional plan will not occur until the plan has been implemented. If modifications are necessary, they will be dependent upon the extent and type of problem which arises and therefore, it is difficult to project possible outcomes because there are so many different possibilities. It is very difficult to take a proactive approach in regard to this particular phase of the process. Evaluation by nature, is more of a reactive situation and the EMS oversight board will react to problems as they occur in regard to the south central Wisconsin subregional plan.

**TASK 4.1: Evaluate initial change implementation.**

Subregionalization is a concept which is currently being discussed and developed in south central Wisconsin.

Many details have yet to be discussed, however, through thorough planning, many obstacles can be overcome and potential problems identified and resolved. As is the case with most well-planned projects, there are unforeseen problems which will not be identified until they occur despite the amount of preplanning and brainstorming.

Evaluation is extremely important in most circumstances. It is even more critical a component when evaluating a change of this magnitude. As a matter of fact, this subregional concept may initially be sold to all parties concerned as a pilot program in order to collect data, analyze said information and then determine if the concept is worth continuing. Some of the data which will need to be tracked are, in no particular order: number of patients who received advanced care via paramedic intercepts; eventual outcome of the patient, in order to determine if the higher level of care actually benefited the individual; number of runs increased or decreased per service; revenues lost or gained during the process; additional concerns about the project which were not identified in the preplan; additional stress placed

upon

service personnel due to subregionalization; revenues saved as a result of central purchasing; and the number of occurrences personnel were called in to cover the City of Wisconsin Rapids due to paramedics responding outside of their jurisdiction. Once the data is collected and analyzed, the program can be reevaluated and subsequently enhanced or terminated.

Many of the other factors associated with this task will not be uncovered until the change occurs. At that point, the evaluation process will be utilized to its fullest extent.

The institutionalization of the subregional program will take place over a period of time, as is the case with most changes. If the program is successful and it proves to benefit patients, and all the affected services are appeased, the program should flourish. This conclusion is based upon the analyzation of similar programs around the country. The longer the program survives, the more institutionalized it will become. If it is successful, as was discovered during the course of the WRFD paramedic program, nine months to one year is sufficient to institutionalize a successful program. If the program has many growing pains, yet continues, the entrenchment of the program will naturally take a longer

period of time. If some of the services involved are not happy with certain aspects of the program, or the alderpeople of Wisconsin Rapids are not satisfied, and the program must undergo continuous change, it will certainly take longer to institutionalize.

#### **TASK 4.2: Alter/modify management approach.**

Because this program deals with human lives, it carries a heavy responsibility to succeed. It will be given every chance to survive if implemented. However, as the program evolves, changes or modifications may be necessary in order to strengthen or enhance the program.

These are the circumstances when the EMS oversight committee plays a major role. It will be their responsibility to identify unforeseen obstacles or problems and rectify them through program modification. As the program grows, it will then simply become a matter of fine tuning the concept. The majority of the work and modification will be during the initial stages of implementation.

#### **TASK 4.3: Continue to monitor and institutionalize change implementation.**

Certainly, reinforcing the commitment to create a better EMS environment for citizens in the south central Wisconsin area will be important. This can be

accomplished through proper management, good data collection and ongoing public relations through the media. If the program is successful, a few dramatic cases will go a long way in reinforcing the commitment to the program.

### *LITERATURE REVIEW*

There is a multitude of information which can be found in support of the regionalization concept. In fact, most of the information which was located was in support of regionalization. It most certainly works in other areas of the country. It works in other sections of Wisconsin!

As one fire chief stated, "if the U.S. fire service does not plan and insist in consolidation, outsiders will do so for us." (1) As was eluded to early in this article, if the services from south central Wisconsin do not engage in a subregionalization process, the State of Wisconsin will eventually dictate to them how they will be aligned. The proactive approach is normally always better than a reactive one.

As Fire Chief Randy R. Bruegman noted in an article in Fire Chief magazine, "consolidation of services can be

one of the most effective tools for reducing our costs while at the same time enhancing our service levels." (2)

Consolidation and regionalization are terms which are sometimes used interchangeably. However, some people feel that regionalization is a much broader concept. As is noted in the State of Wisconsin schematic in regard to regionalization, it is easy to observe how large the proposed areas or regions are. (Addendum A) Some estimate that the areas are too large and cumbersome to effectively administrate. The subregional concept, which this particular project is focusing upon, would be easier to administrate and have a better chance to succeed. Either way the boundaries are drawn, the obstacles are similar, as are the benefits.

Chief Bruegman also noted similar obstacles which have been outlined in this paper which he had to overcome in his regionalization struggle. "Overcoming the political egos and overcoming the kingdoms that chiefs have a tendency to build up are the two greatest challenges." (3) These same obstacles have been noted in this paper on several occasions. In fact, politicians and fire chiefs may indeed be the two largest obstacles this subregional concept will face.

Gerald F. Grover, Fire Chief of Bridgeport

Connecticut, stated that in regard to regionalization, "it is a turf battle. No one, including fire chiefs and local politicians, wants to lose their power." (4) When and if these roadblocks can be overcome, subregionalization has a good chance to succeed.

Bob D. Simpson, former Deputy Chief with the Los Angeles Fire Department, stated that "consolidation or regionalization provides the greatest potential for cost savings and, further, providing a far better level of service." (5) The increased level of care by broadening boundaries is the real goal of this subregionalization plan. Along with providing better and higher levels of pre-hospital care, the services involved will most probably realize a cost savings as well. As has been documented in several NFA EFO articles concerning regionalization, it has and does work in many areas of the country. Sometimes it takes a bit longer for these concepts to find their way from other areas of the country to central Wisconsin, but eventually they do!

Fire Chief Tom Siegfried, Altamonte Springs, Florida, believes "the regionalization of fire and EMS makes more sense than just a total consolidated effort." (6) In fact, regionalization in Florida has been extremely successful and departments there are expanding even further.

Jim Duncan, assistant director of Gold Cross Ambulance based in Appleton, Wisconsin and Terry Timmerman, EMS Director for the Green Bay Fire Department, recently spoke to the south central Wisconsin EMS directors about the success of their regionalization plan in the Fox Valley area located in northeastern Wisconsin. (Addendum A)

Because of their regional plan, many boundaries have been eroded between the private and public services in the Fox Valley area; there is a master template of field protocols which each service utilizes; they all have central purchasing power which saves thousands of dollars each year; and their regional disaster plan is effective and workable because of the ability of the services in this region to function together and work side-by-side. In fact, the plan which is in place in the Fox Valley area is the prototype which the State of Wisconsin cites and hopes other parts of the state will emulate.

It is very clear after thorough examination of the literature on record and discussions with other area personnel which have a regional plan in place, that regionalization is the trend of the future and has proven to be highly effective. It should be noted that after reviewing many documents concerning regionalization, there are very few downsides to the concept. In fact,



one of the few problems which was noted was that some smaller services were placed out of business by larger competitors which were operating in their area. However, this circumstance can easily occur and is occurring with great frequency around the country as this article is being written, and it does not necessarily correlate to an adverse effect of regionalization.

### *PROCEDURES*

Action and historical research were utilized during the course of this NFA project. While the south central Wisconsin subregional plan, at the writing of this article, is still very early in the developmental stages, much research has been accomplished in order to create the foundation for the concept. The State of Wisconsin has a blueprint for regionalization. However, many aspects of their plan are not acceptable to the south central Wisconsin group. This is the main impetus why this group is attempting to form a subregion and if successful, may expand its borders further to encompass a larger region. After discussing the regional concept with state officials, their ultimate intent is to advance EMS in Wisconsin. Their

blueprint is a proposal or guideline. If groups, such as the one in south central Wisconsin, want to develop a subregion or something a bit different than what the state has in mind, they will not oppose it for that particular reason. In essence, the state has still achieved their end result by moving areas toward the regional concept.

After discussing this matter with the Fox Valley representatives who have a regional plan in place, and researching other areas of the country which have had enormous success with regionalization, it is clear that it can work, has worked and will work if planned properly and implemented carefully.

## ***RESULTS***

Reflecting back upon the original three questions which were posed at the beginning of this article, each has been answered within the context of the multitude of information within this project. To streamline the data, here is a synopsis of supporting data to each of the original three questions.

### ***1) Can regionalization work in south central Wisconsin?***

The answer is a resounding YES! The research which was conducted definitively proved that regionalization in other areas of the country has proven effective and worth pursuing. There was very little information available which did not support the regional concept. Perhaps more notably, discussing the regional issue with Fox Valley representatives, this concept works very well in northeastern Wisconsin. In this area, relations between the private and public services have improved, there is a standardization of equipment and care which is given, and revenues have been saved through the regional purchasing alliance. After careful review of this data, it can safely and confidently be stated that regionalization can also work in south central Wisconsin.

2) What obstacles must be overcome in order to implement a regional plan?

The two biggest obstacles which were identified in this study were the friction between the private and public services and the political quagmire which may impede the subregional process. Again, after reviewing information from other parts of the country and directly discussing the issue with Fox Valley personnel, it would appear that the friction between private and public services can be overcome and each entity can survive and thrive in a

regional environment.

In regard to the political question, the answer is more abstract because the Wisconsin Rapids Common Council is very unpredictable and inconsistent. However, based upon past experience with similar issues, if the subregional concept can be explained competently and framed in terms the alderpeople can identify with, it has a decent chance to pass the council floor. The two biggest concerns this ultra-conservative council will have are: 'Will the City of Wisconsin Rapids lose money in this venture?'; and, 'Will the citizens of Wisconsin Rapids lose paramedic coverage for periods of time if involved in the subregional process?' If this program is set up properly, the answer would appear to be 'NO' to each of the above questions. If the answer would prove to be 'YES' to either question, there is considerable doubt that the subregional issue would ever reach the council chamber! Again however, after thorough review of other regional programs, it appears that services save money and thrive within this type of system. The paramedic issue is one that WRFD administrators will have to work out, but it is not an obstacle which can not be overcome with proper planning and reimbursement of services rendered.

3) What individual(s) will be the catalyst(s) behind the subregional concept?

Two of the main players involved in this scenario have been identified. Dr. Bruce Gordon, Medical Director for three of the ambulance services involved with the subregional plan, has been involved with regionalization in upper Michigan. Due to this involvement and his desire to move EMS forward in south central Wisconsin, Dr. Gordon is a very key player in the quest for subregionalization.

Assistant Chief Mitchell Waite of the Wisconsin Rapids Fire Department is the other key person in this scenario. Because of his ability to achieve results and pioneer new ideas, his involvement is essential in the move toward subregionalization. A/C Waite is actually the driving force to emplace subregionalization in south central Wisconsin. He is currently working closely with Dr. Gordon to involve the other key parties in the subregional plan. Both individuals believe subregionalization will occur within the next year.

*DISCUSSION*

After careful review of all the information gathered

it is apparent that subregionalization can and will work in south central Wisconsin. This observation is predicated upon the fact that all the key parties involved with the subregional process are receptive to the concept. Once all the guidelines and parameters are in place for the south central Wisconsin alliance, service members must take this message forth and hurdle the political obstacle which will stand directly in their way. Due to past experience, it is my personal opinion that the subregional plan will be approved and implemented by the end of 1998 or early 1999. Based upon information gathered from other areas of the country concerning regionalization, as well as data collected from the Fox Valley group, it is clear that regionalization is a current trend in EMS. It is also apparent that the State of Wisconsin is pushing for regionalization and those areas which have a system in place will be much better served in the long run even if the state does not mandate its own system.

All of the pieces for successful implementation of a subregional plan in south central Wisconsin are in place.

All that remains are the exact details of the plan and then the people with persistence and patience to implement the process.

## *RECOMMENDATIONS*

The recommendations which may assist the south central Wisconsin group in their quest for subregionalization are very simple. First of all, a thorough and detailed plan must be developed, taking into account all of the involved services and municipalities which will be involved in this large scale undertaking. Input from employees is critical and will be beneficial over the long run. Once the plan has been created and scrutinized by the members of the south central Wisconsin group, the political groundwork must occur. Once this is accomplished, a complete and total illustration of the idea must be presented to the governing bodies. Once this hurdle has been cleared, the plan can be implemented in short order. After implementation, continual monitoring and evaluating of the plan will be necessary. This evaluation process will be constant and continuous throughout the duration of the subregional project. It will be a never-ending process.

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